

| POSITION                  | INITIALS    | ID NO. | DATE    |
|---------------------------|-------------|--------|---------|
| FEE DETERMINATION         | <i>Wing</i> |        | 3/5/00  |
| O.I.P.E. CLASSIFIER       |             | 16     | 3-28-00 |
| FORMALITY REVIEW          | <i>EVYB</i> | 66793  | 05/8    |
| RESPONSE FORMALITY REVIEW |             |        |         |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim          | Date |
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| Claim          | Date |
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BEST-AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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